## A050000007607

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DIVISION OF CORPORATION





## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 24, 2006

LATRICE TOWNS **GREENSTREET PARTNERS** 2601 SOUTH BAYSHORE DRIVE SUITE 800 COCONUT GROVE, FL 33133

SUBJECT: PURDY AVENUE, LLLP

Ref. Number: A05000000767

We have received your document for PURDY AVENUE, LLLP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 806A00020285

Deborah Bruce **Document Specialist** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Purdy Ave. LLLP (Name of Limited Partnership or Limit	ted Liability Limited Partnership)
DOCUMENT NUMBER: 20500000	167
The enclosed Statement of Change of Registere fee(s) are submitted for filing.	d Office and/or Registered Agent and
Please return all correspondence concerning thi	s matter to:
LATRICE M TOWNS (Contact Person)	
Greenstreet Paymers (Firm/Company)	
2601 SOUTH BAYSHORE DRIVE	
SUITE (800 ress)	200 200
MIAMI, FL 33133	
(City, State and Zip Code)	SECRETARY DIVISION OF CO 2006 APR ~ 3
For further information concerning this matter,	
LaTrice Townsat (	please call:  ( 308 ) 858-4225
Enclosed is a \$35.00 check made payable to the	Florida Department of State.
STREET ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

INHS04 (01/06)

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

Name of Limited Partnership or Limited Liability Limited Partnership		
2. 4/18/2005 3. A0500000767  Date of filing/registration in Florida Florida document number	<del></del>	
4. The name of the registered agent and the registered office address as shown on the records of the F Department of State:  Sherry A. Stanley	lorida	
Name		
2601 S. Bayshore Dr. Suite 800 Address		
MigMi, FL 33133 City, State and Zip		
5. The name and Florida street address of the new registered agent and/or office:  Yictor Corra  Name	2006 APR -3	DIVISION OF CORPORATION
Florida street address (P.O. Box not acceptable)	PH 4:	ORPORATI
Miam, FL FL 33133 City, State and Zip	55	0 <del>.</del> K
6. Such change(s) is the effective when filed by the Florida Department of State.		
Signature of General Partner		
I hereby decept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with an accept the obligations of my position as registered agent.  Signature of Registered Agent		
Filing Fee: \$35.00 Certified Copy (optional): \$52.50		